

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO. **70/070830** FILING DATE **11 MAR 2002**

APPLICANT(S) *JOHN DOE*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51						
2		/					52						
3		/					53						
4	/	/					54						
5		/					55						
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7	/	/					57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1					TOTAL IND.						
TOTAL DEP.	1	1					TOTAL DEP.						
TOTAL CLAIMS	2	2					TOTAL CLAIMS						